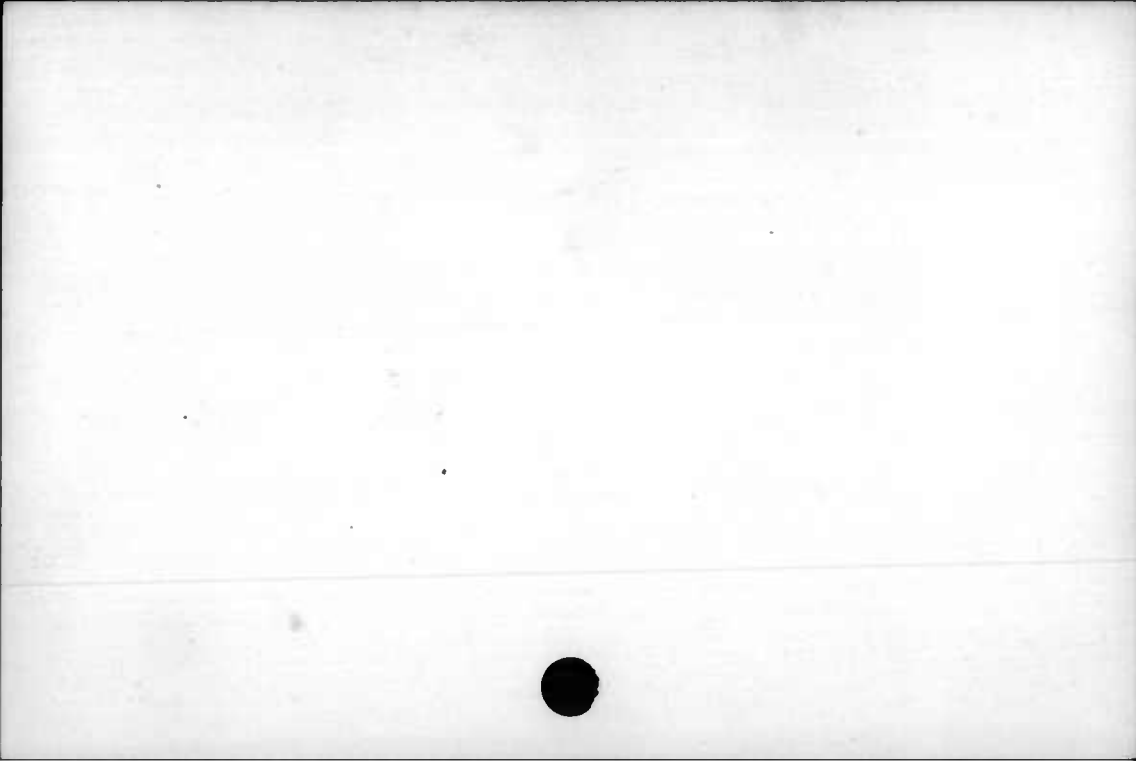


Name in Full		Addie M. Ballard				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Seals Island		TOWN County		
		Date of death		1905	Month	Aug	Day	10
		Age		Years		Months		
		Sex		Female		Color or Race		black
		Birth-place		Seals Island		Days		21
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		James Ballard		Father's Birthplace		Seals Island		
Mother's Maiden Name		Harriet Co Linn		Mother's Birthplace		Seals Island		
Name of person giving information		Jas Ballard		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Sick from birth		How long		
		Immediate		Sick from birth		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		Seals Island Md.		How long		
Accident or Suicide?								



Name
in
Full

Matilda Ballard

CERTIFICATE OF DEATH

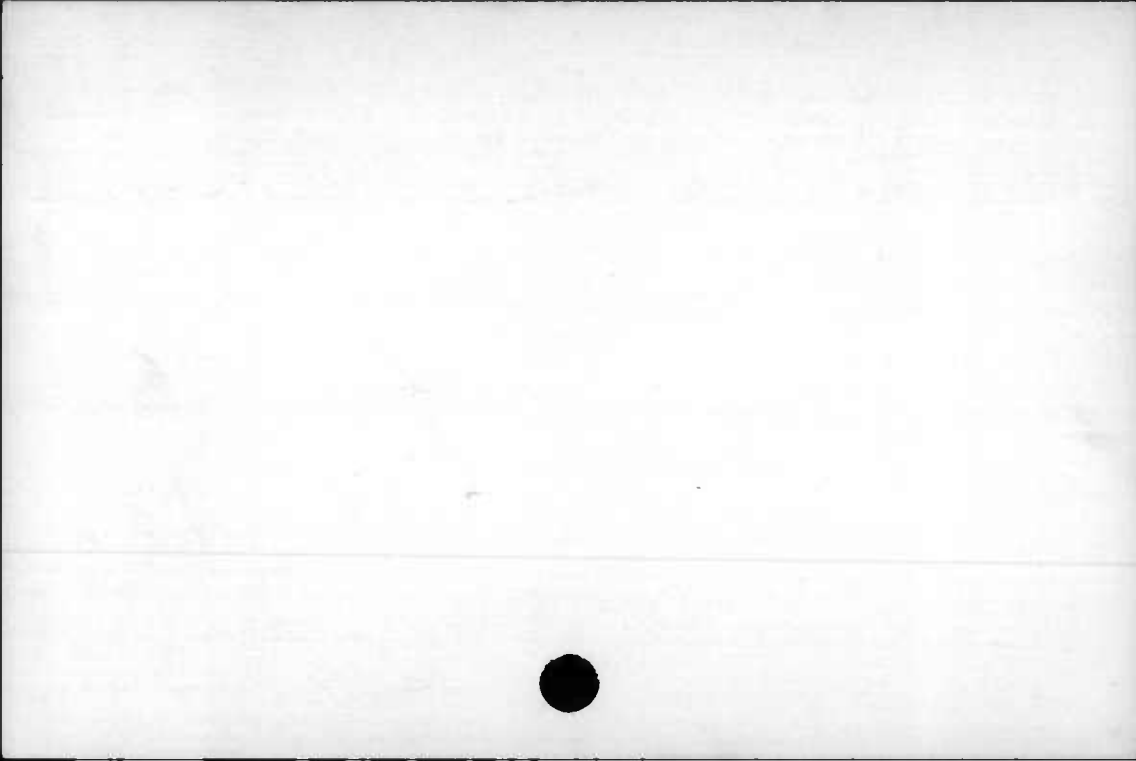
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Crisfield		^{County} Somerset		MARYLAND	
Date of death ^{Month} 1905 ^{Day} Aug 20		^{Years} Age 69		^{Months} —	^{Days} —
Sex Female		Color or Race Blk		Birth-place va	
Occupation Midwife		Where Residing if not at place of death —			
Married, Single or Widowed Widow		Name of Wife or Husband —			
Father's Name —		Father's Birthplace —			
Mother's Maiden Name —		Mother's Birthplace —			
Name of person giving information Lottie Hudgins		How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carbuncle & abscess each at heels & back		How long 4 1/2 weeks
Immediate Toxæmia & Asthenia		How long —
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm. T. Coulbourn
		Address Crisfield, Md.
Accident or Suicide? no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant Berkley
Berkley
County

MARYLAND

Date

of death 1905

Month

Aug

Day

21

Years

Age 12 hours

Months

Days

Sex

girl

Color or
Race

Black

Birth-
place

Berkley

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Not married

Father's
Name

Theodore Berkley

Father's
BirthplaceMother's
Maiden Name

Ella Anderson

Mother's
BirthplaceName of person giving
information

Ella Anderson

How related
to deceased

CAUSES OF DEATH

Primary

Natural Causes

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

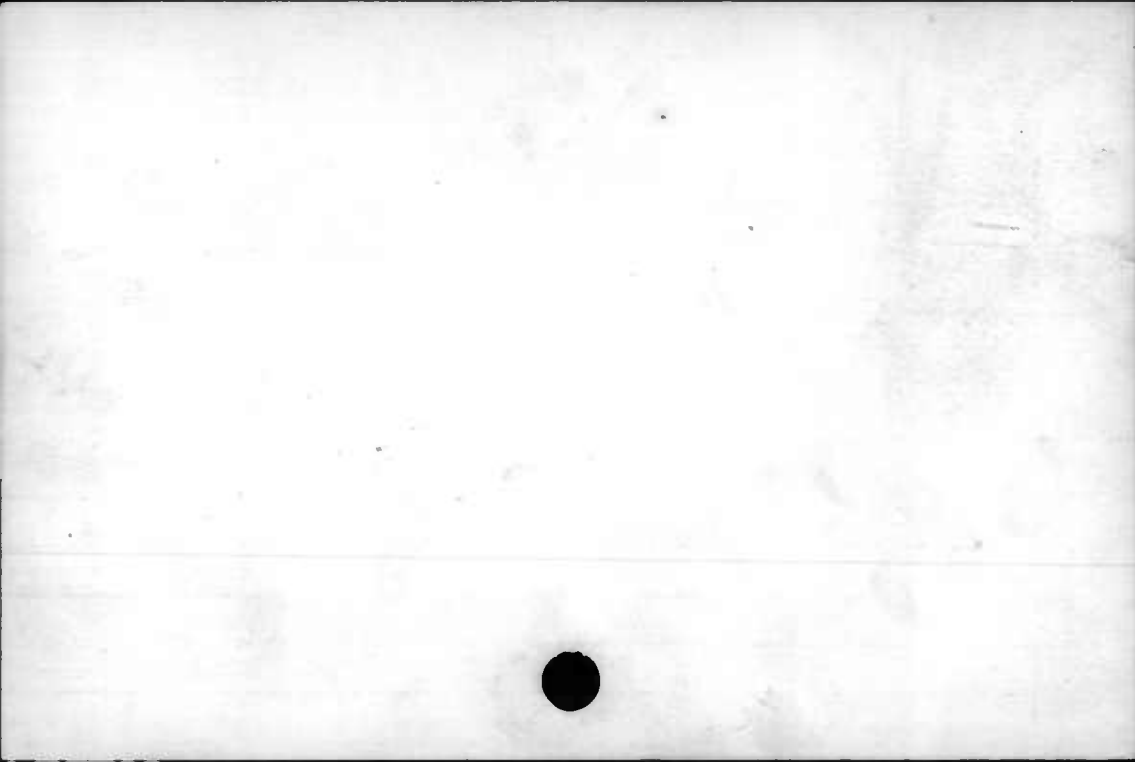
Daniel W. Jones M.D.

Address

Dunlap, Md.
Berkley

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

4

CERTIFICATE OF DEATH

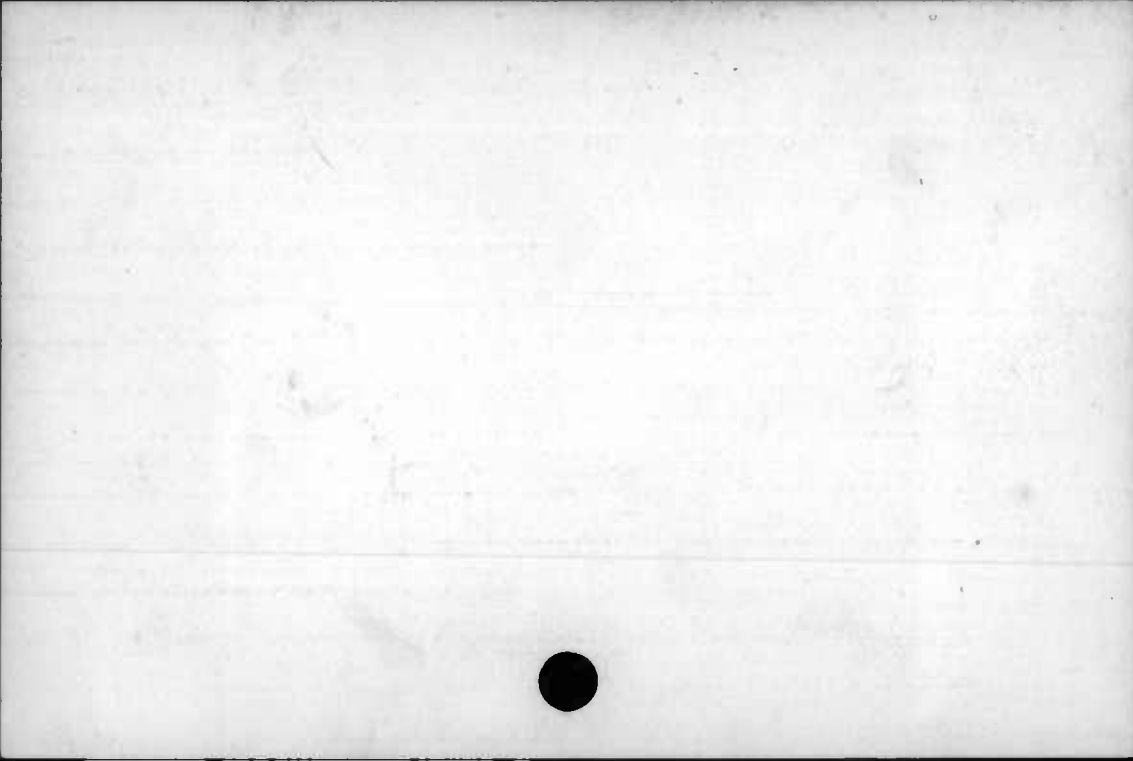
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i>		Town <i>Blak (man)</i>		County <i>Somerset</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>August</i>	Day <i>11</i>	Age <i>1 year</i>	Years	Months	Days <i>2</i>
Sex	Color or Race			Birth-place <i>Crisfield</i>			
Occupation	Where Residing if not at place of death <i>Mary Anne</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband						
Father's Name <i>Charley Blak</i>	Father's Birthplace <i>Crisfield</i>						
Mother's Maiden Name <i>Lillie Mammal</i>	Mother's Birthplace <i>Crisfield</i>						
Name of person giving information	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bilious Dysentery</i>	How long <i>sick 2 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr W. F. Hall</i>
	Address <i>Crisfield Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

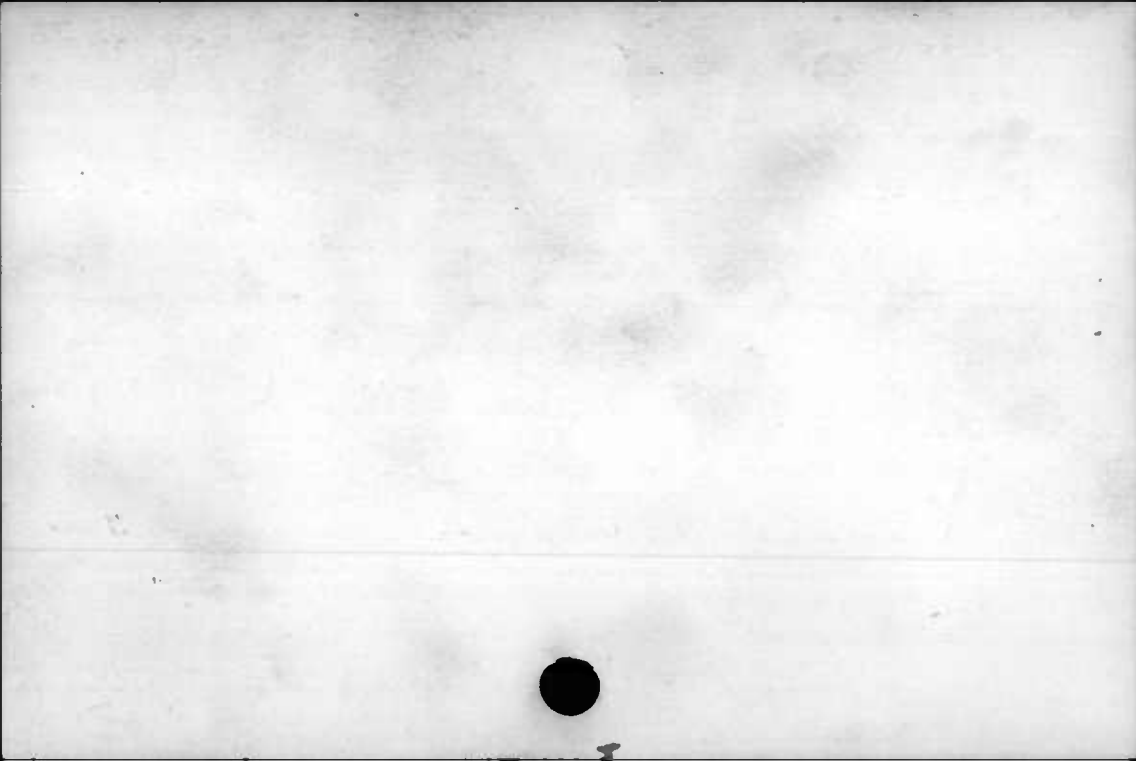
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deal's Island.</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905 Aug</i>		Month <i>5</i>	Day <i>5</i>	Age <i>62</i>	Years <i>62</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>VA</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Deal's Island.</i>					
Married, Single or Widowed <i>Wid</i>		Name of Wife or Husband <i>Lottie Price</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Don't No.</i>					
Name of person giving information <i>Eddie Damer</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Asthenia</i>	How long <i>1 Month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Alexander</i>
	Address <i>Somerset Co</i>
Accident or Suicide?	



Name
in
Full

William Thomas Fords

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairmount</i>		Town		<i>Somerset</i>		County	
Date of death 1905		Month	Day	Age	Years	Months	Days
<i>August</i>		<i>28</i>	<i>70</i>	<i>11</i>	<i>11</i>		
Sex	<i>male</i>	Color or Race	<i>white</i>		Birth-place	<i>Somerset County</i>	
Married, Single or Widowed	<i>Widower</i>			Occupation	<i>Farmer</i>		
Name of Wife or Husband	<i>H</i>						
Father's Name	<i>Charles W. Fords</i>				Father's Birthplace	<i>Somerset Co</i>	
Mother's Maiden Name	<i>Betty Fords</i>				Mother's Birthplace		
Name of person giving information	<i>Herschel Fords</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>2 years</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr E S Miller</i>
<i>yes</i>		Address	<i>Fairmount Somerset Co, Ind</i>
Accident or Suicide?			



J. H. Landon Esq.,
Landonville,
Md.

Name in Full

Certificate of Death

Edward Gordley

Town

County

MARYLAND

Died at

Rehoboth

Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908:

Aug 19

Age

0 18 0

Rehoboth

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Acute Indigestion

How long sick

3 months

Death

Immediate

Heart Failure

104

Accident, Suicide, Homicide

Reported by

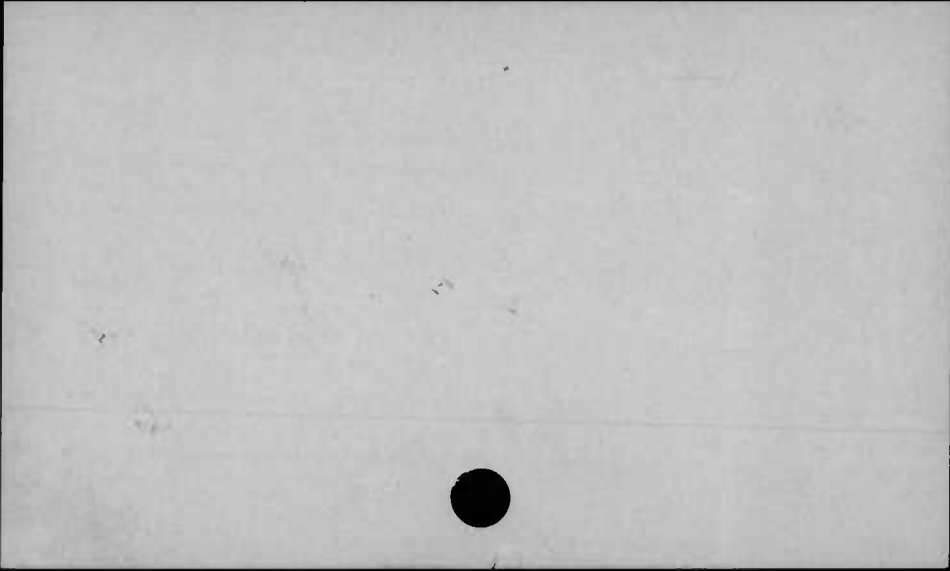
F. M. Eccles M. D.

Address

Rehoboth Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Russell Henderson

CERTIFICATE OF DEATH

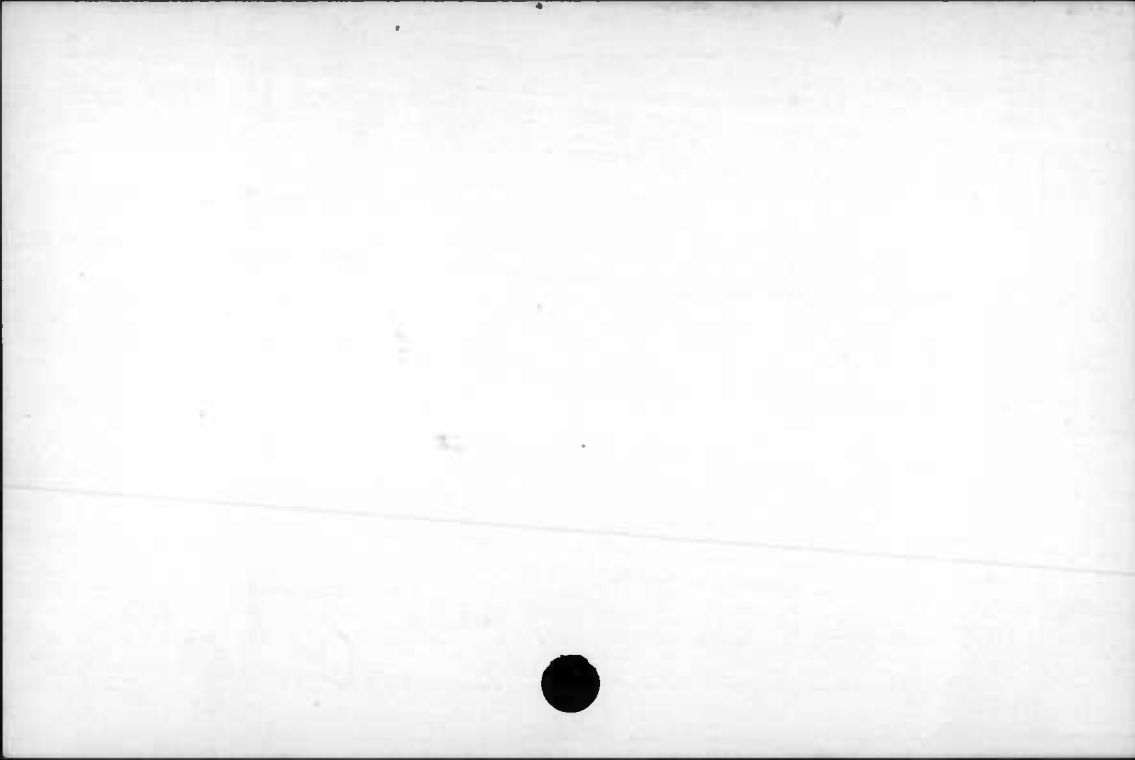
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawsonia		County Somerset		MARYLAND	
Date of death		1905	Month 8	Day 9	Age 86	Years	Months Days
Sex Female		Color or Race White		Birth-place Lawsonia Md			
Occupation Lady				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband					
Father's Name Abraham D. Somers		Father's Birthplace Lawsonia					
Mother's Maiden Name Mary Lawson		Mother's Birthplace Md					
Name of person giving information Wm Hattie Holland		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility.	How long	160
Immediate	Acute Diarrhoea	How long	3 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. H. Hall	
		Address Criffield Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

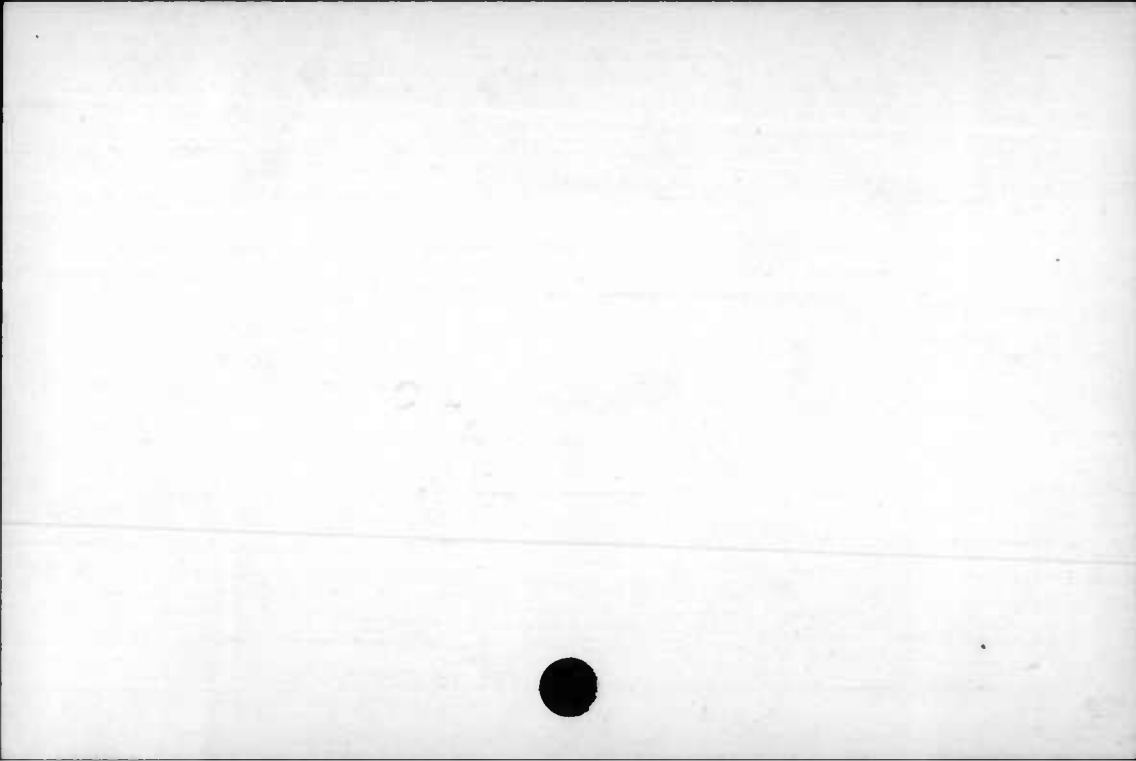
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kingston</u> Town		<u>Lowmeyer</u> County		MARYLAND	
Date of death <u>1901</u> <u>Aug</u> <u>4</u>	Month	Day	Age	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place			
Occupation <u>Merchant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Johnson</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Nephritis Chronic</u>	How long
Immediate	<u>Uræmia</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>J. H. Sausford</u>
		Address <u>Business Office</u>
		<u>Med</u>
Accident or Suicide?		



Matthie Matilda Marshall

66

Died at Derbys District Somerset MARYLAND

Date 1905 August 24 Month Aug Day 24 Y. 13 M. 0 D. 0 Native of Somerset Co Occupation None

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

~~Number of children living~~

~~Husband~~

~~Wife~~

Father's Name Thomas E. Marshall Mother's Maiden Name Ann Tillman

Cause of Death { Primary Myelitis of Spinal Cord How long sick 62 years.
Immediate Exhaustion & Heart Failure Accident, Suicide, Homicide

Reported by A. Mc. Eccles M.D.

Address Proctor City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

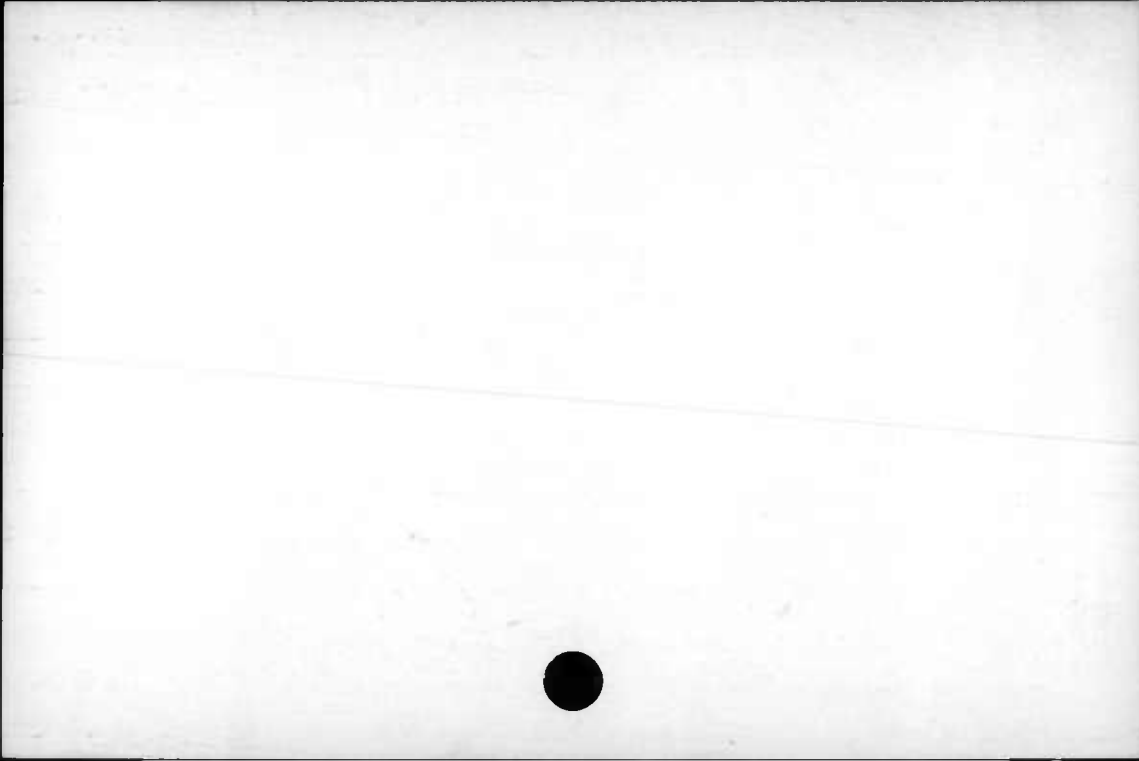
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm. W. Martin</i>		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Crisfield</i>		Month <i>Aug</i>		Day <i>4</i>		Age <i>19</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Male</i>		Color <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>Laborer</i>		Where residing if not at place of death <i>Crisfield, Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm. Martin (dead)</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary Hundley</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving information <i>Step Father</i>		How related to deceased <i>17</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental Drowning</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Lawson</i>	
		Address <i>Undertaker Crisfield, Md.</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Mary Milburn

Town

County

MARYLAND

Died at

Pocomoke

Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug. 1st

Age

13

0

0

Somerset

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

William Milburn

Maiden Name

Lizzie Jackson

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Heart trouble

Accident, Suicide, Homicide

Reported by

A. M. Eccles. He. 10.

Address

Pocomoke

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

William Beatrice Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lawsonia

Town

Somerset

County

MARYLAND

Date

of death 1905

Month

Aug

Day

17

Age

Years

Months

9

Days

20

Sex

Female

Color or
Race

white

Birth-
place

Lawsonia

Occupation

+

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

+

Father's
Name

George Miles

Miles

Father's
Birthplace

Hyfield Md

Mother's
Maiden Name

Bell

Towers

Mother's
Birthplace

Lawsonia

Name of person giving
Information

George Miles

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enterocolitis

How long

6 weeks

Immediate

Typhus

How long

24 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

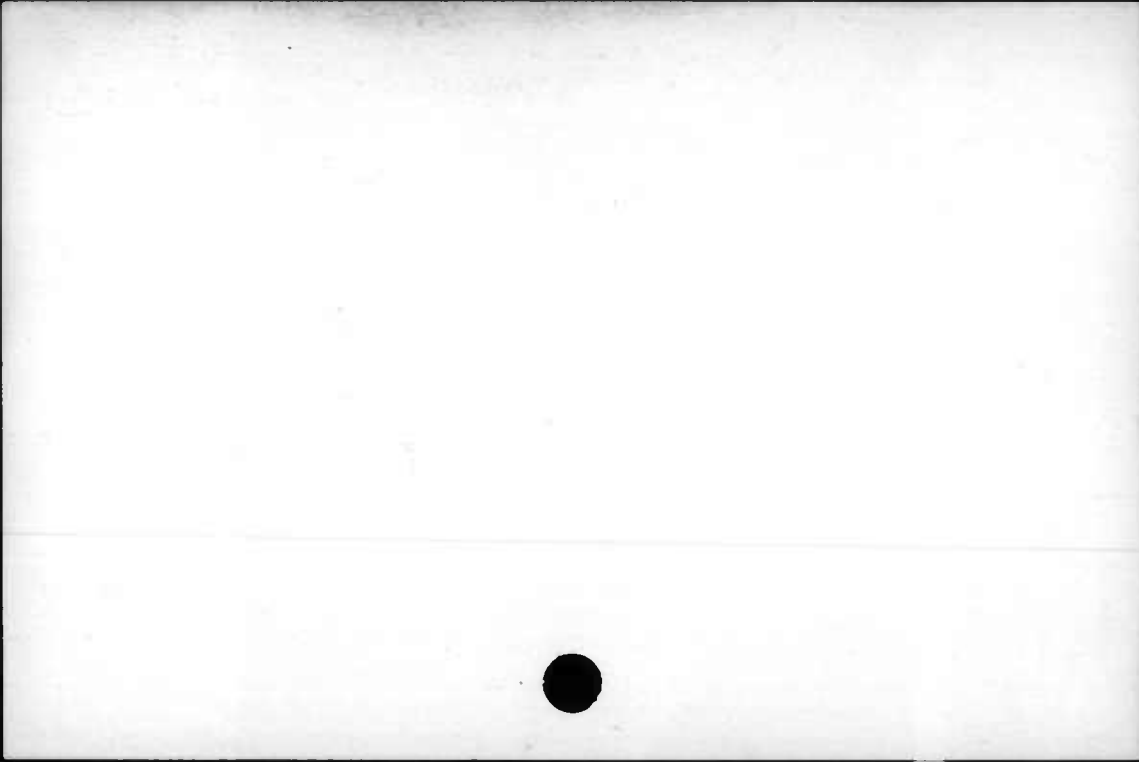
Address

W F Hall
Carrfield Md

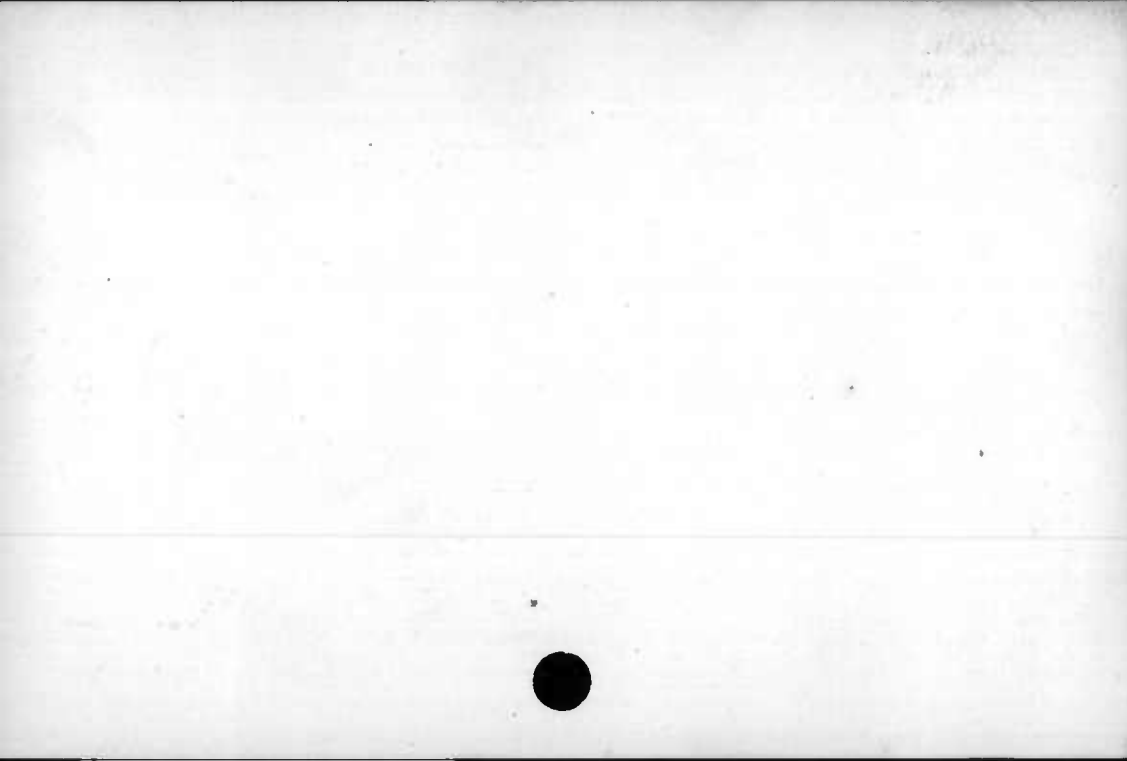
Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name in Full		Chas Edward		Mister		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Crisfield	town	Somerset	County	MARYLAND	
	Date of death	1905	Month	Aug	Day	2	Age
	Sex	Male		Color or Race	White		Birthplace
	Occupation	Junk Dealer		Where Residing if not at place of death		Crisfield Md	
	Married, Single or Widowed	Widower		Name of Wife or Husband		Anne Mister	
	Father's Name	John Mister		Father's Birthplace		-	
	Mother's Maiden Name	Rovey Mason		Mother's Birthplace		-	
	Name of person giving information	Miss J. J. Full		How related to deceased		Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Prostatitis, Cystitis & Dysentery				How long	
	Immediate	Asthemia				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician		Wm. H. Coulbourne	
	Address	Crisfield,		Md.			
Accident or Suicide? -							



Name
in
Full

CERTIFICATE OF DEATH

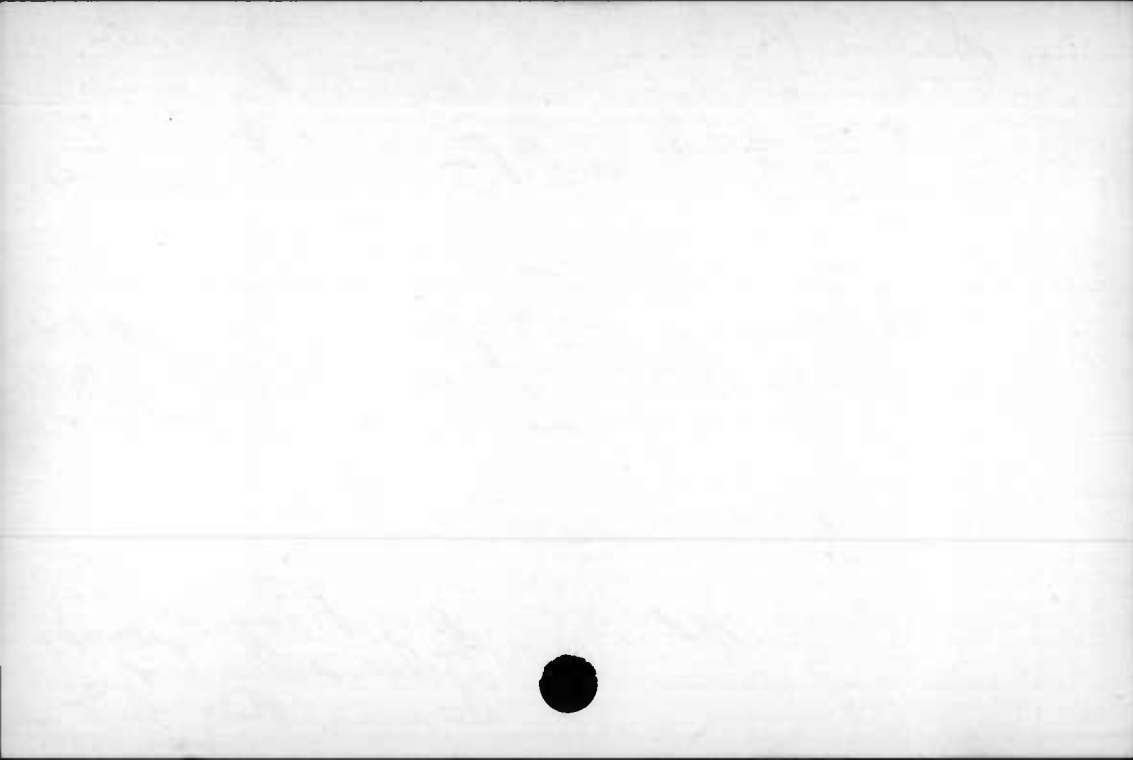
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Travis Moore Jr		Town Crisfield		County Somerset		MARYLAND	
Died at Crisfield		Month Aug		Day 29		Years 1905	
Date of death 1905		Age 3		Months 1		Days 3	
Sex Male		Color or Race White		Birth-place Crisfield			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Travis Moore				Father's Birthplace md			
Mother's Maiden Name Mary Selby				Mother's Birthplace Mo			
Name of person giving information Mary S. Moore				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Ileo Colitis	How long 55
Immediate asthenia	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. S. Sturtevant
	Address Crisfield Md
Accident or Suicide? —	



Name
in
Full

Sadie P. Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Danvers Quarter* ^{County} *Somerset*

MARYLAND

Date of death *1900* ^{Month} *Aug.* ^{Day} *21* ^{Years} *-* ^{Months} *7* ^{Days} *9*Sex *Female* Color or Race *White* Birth-place *Somerset Co.*Occupation *-* Where Residing if not at place of death *-*Married, Single or Widowed *-*Name of Wife or Husband *-*Father's Name *Ulman Owens*Father's Birthplace *Somerset Co.*Mother's Maiden Name *Ellen Hardington*Mother's Birthplace *Baltimore, Md.*Name of person giving information *Ulman Owens*How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

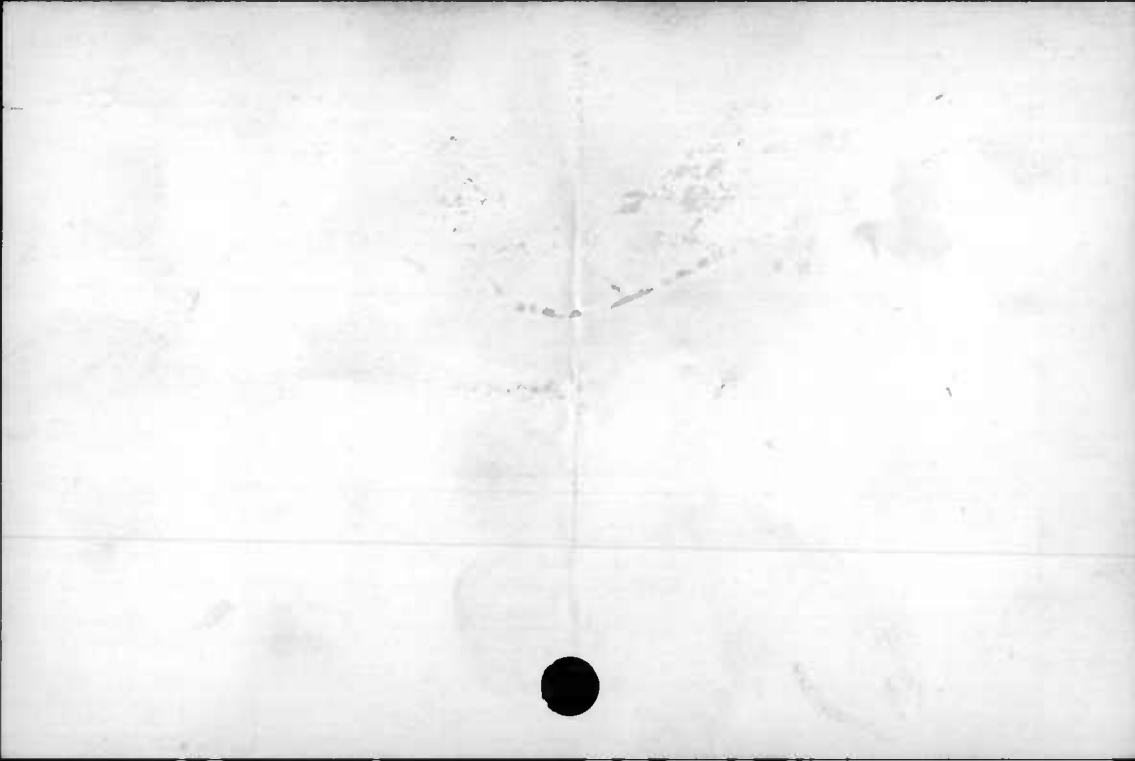
Immediate

Are the name, age, sex, color, date and place correctly given above? *jc*

Signature of Physician

Address

*S. J. Kinder, M.D.,
Danvers Quarter,
Somerset Co., Md.*Accident or Suicide? *-*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Flora Purjes*
Cresfield Town *Somerset* CountyDate of death *1905* Month *August* Day *10* Age *10* Years Months DaysSex *Female* Color or Race *White* Birth-place *Cresfield*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

Harry Parker

Father's Birthplace

Cresfield

Mother's Maiden Name

Dollie Madril

Mother's Birthplace

Cresfield

Name of person giving information

Harry Parker

How related to deceased

Father

CAUSES OF DEATH

Primary

Injury from Diph.

How long

10

Immediate

Stomach Catarrh

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

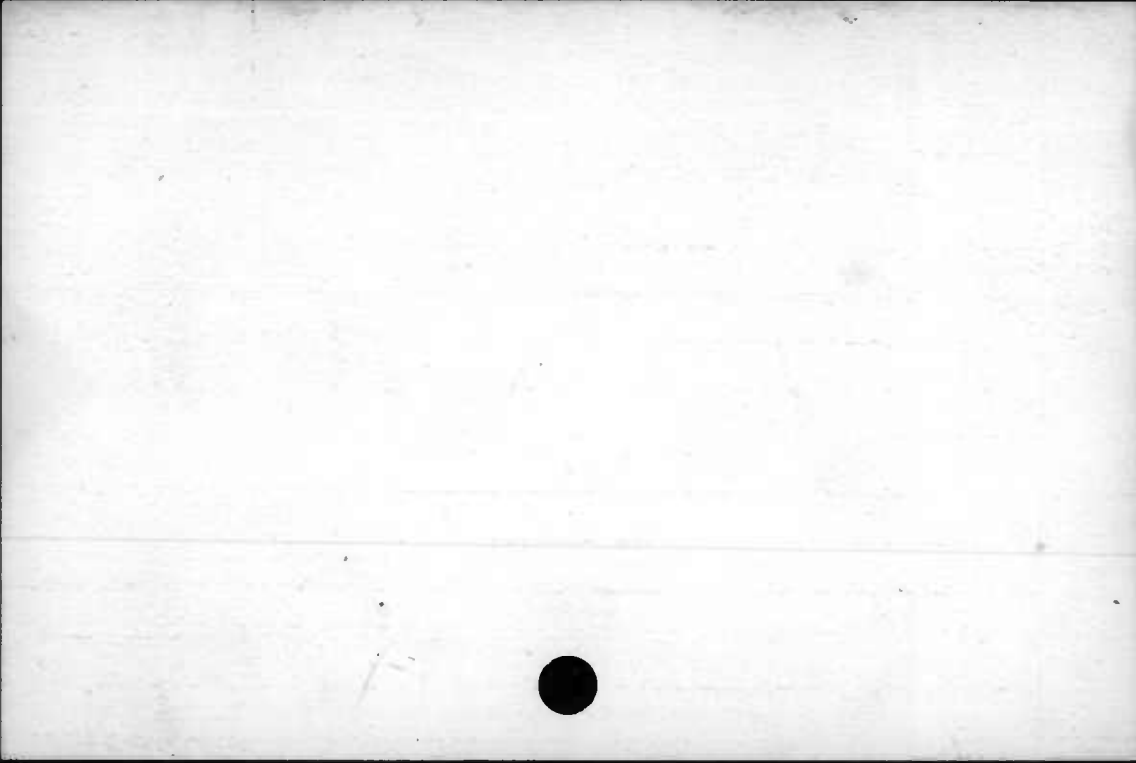
Yes

Signature of Physician

Address

W. E. Phillips
Cresfield

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

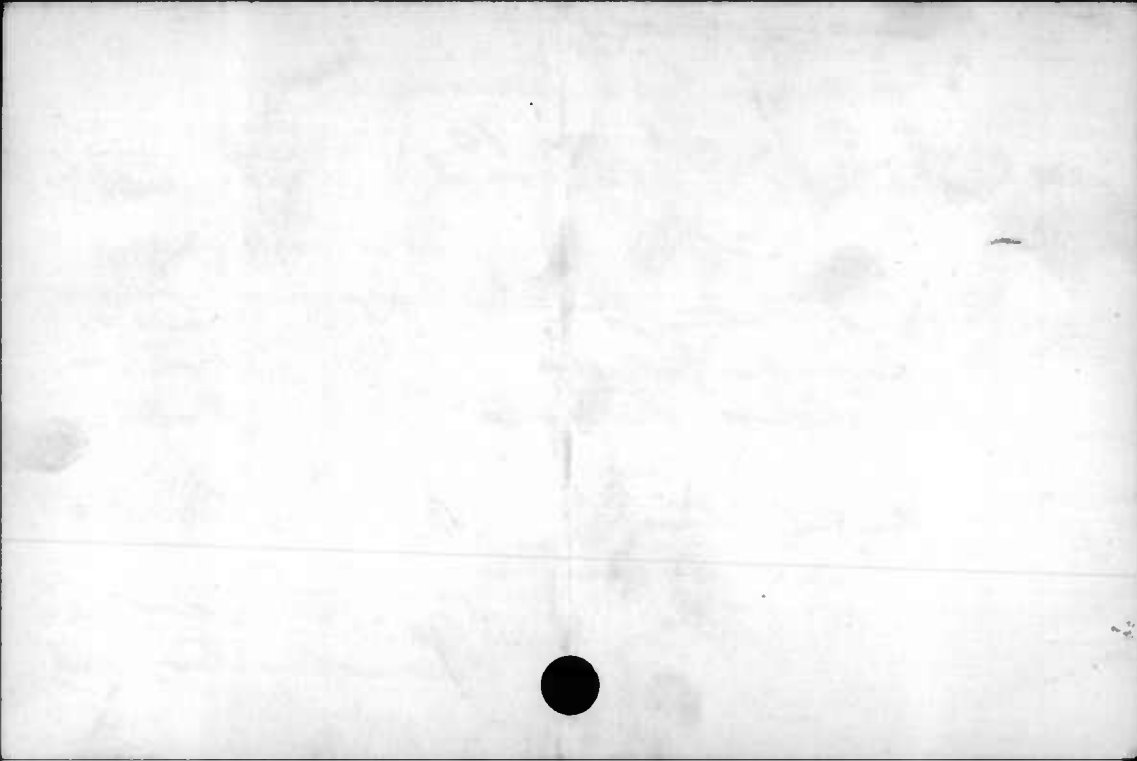
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Carrie May Robinson</i>		Town <i>Seamont</i>		County <i>Seamont</i>		STATE <i>MARYLAND</i>	
Died at <i>Seamont</i>		Date of death <i>16</i>		Month <i>Aug</i>		Day <i>19</i>	
Sex <i>girl</i>		Color or Race <i>black</i>		Age <i>5</i>		Years <i>5</i>	
Occupation		Birth-place <i>Sevela Neck</i>		Months		Days	
Where Residing if not at place of death							
Married, yes or Widowed		Name of Wife or Husband <i>Minnie Robinson</i>					
Father's Name <i>John Robinson</i>		Father's Birthplace					
Mother's Maiden Name <i>Minnie Johnston</i>		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Croup</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>girl Edward</i>	
Signature of Physician	<i>James Lane</i>	
Address		
Accident or Suicide?		



Name
in
Full

Rufus Roberts

CERTIFICATE OF DEATH

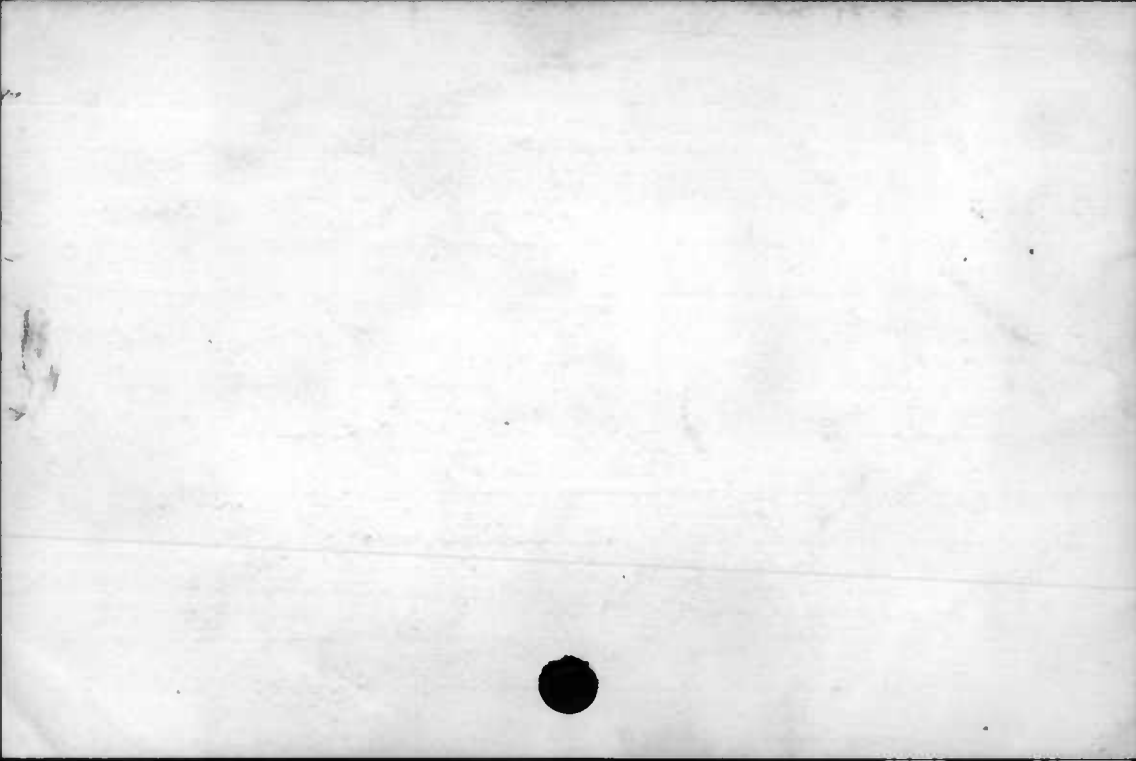
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Danvers 1/4</i>		County <i>Somerset</i>		MARYLAND					
Date of death 190 <i>5</i>		Month <i>Aug.</i>		Day <i>28</i>		Age <i>10</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Somerset Co.</i>							
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>							
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>							
Father's Name <i>Chas. Roberts</i>				Father's Birthplace <i>Dan. Co.</i>							
Mother's Maiden Name <i>Sarah Jones</i>				Mother's Birthplace <i>Dan. Co.</i>							
Name of person giving information <i>Chas. Roberts</i>				How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		How long <i>2 weeks</i>	
Immediate <i>uræmia</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. J. Winter, M.D.</i>	
		Address <i>Danvers, Md.</i>	
Accident or Suicide? <i>-</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel W Robinson* Town *Deal Island* County *Somerset* MARYLAND
Died at
Date of death *1905 Aug 27* Age *3* Months *3* Days
Sex *Female* Color or Race *Black* Birth-place *Deal Island*
Occupation _____ Where Residing if not at place of death _____

☒ Married, Single
☐ Widowed

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

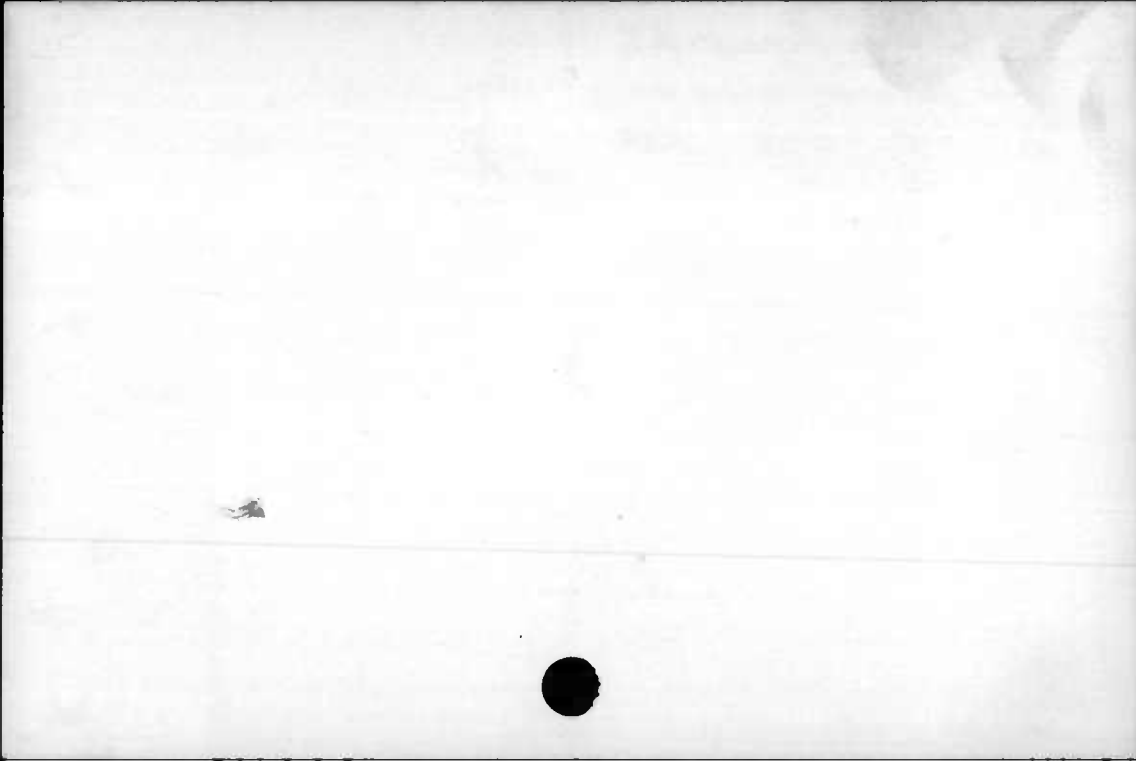
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

William Edward Ross

Died at ^{Town} Onanovi ^{County} Somerset MARYLANDDate 1908 ^{Month} 8 ^{Day} 11 ^{Y.} — ^{M.} 3 ^{D.} — ^{Native of} mo ^{Occupation} —

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Enterocolitis

How long sick

1 Week

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

E. J. Simons

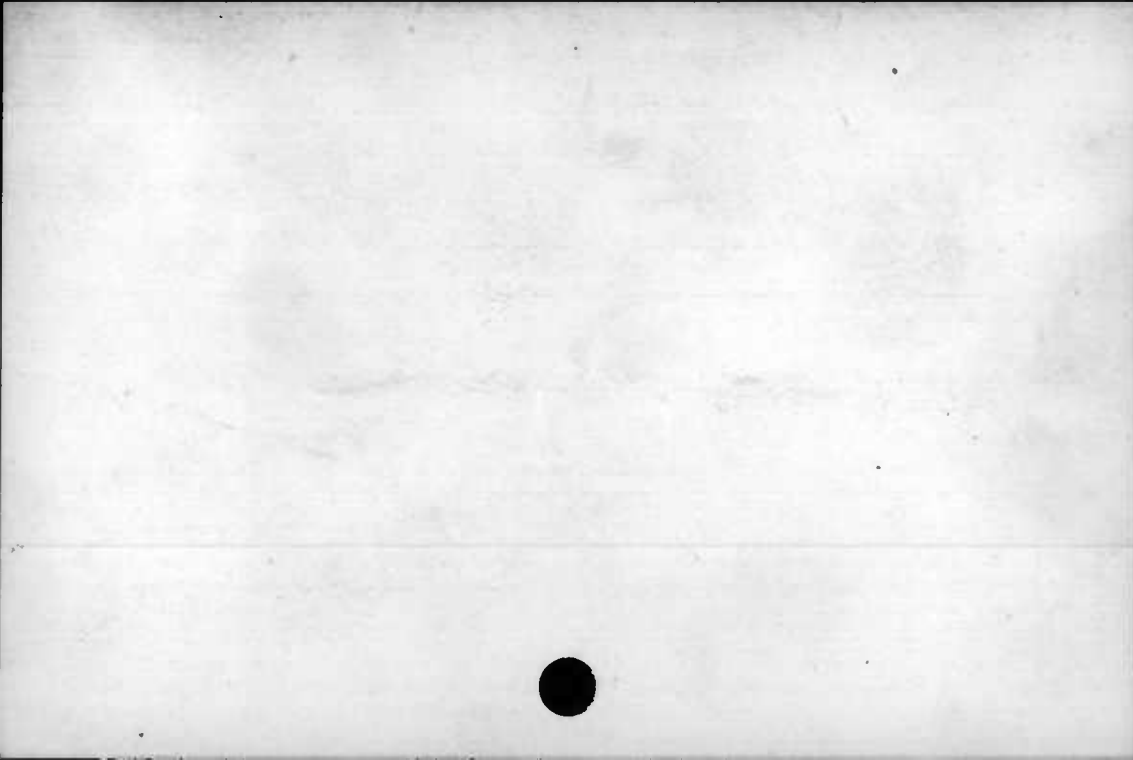
Address

Leansfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Eldridge W. Shore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Dante ^{town} Quarter		County		Romerset
	Date of death		1905	Month	Aug.	Day	11th
	Sex		Male		Color or Race		White
	Occupation		—		Where Residing if not at place of death		—
	Married, Single or Widowed		—		Name of Wife or Husband		—
	Father's Name		Sandy J. Shore		Father's Birthplace		Sou. G.
PHYSICIAN OR CORONER	Mother's Maiden Name		Mary E. Gladden		Mother's Birthplace		Sou. G.
	Name of person giving information		Sandy J. Shore		How related to deceased		Father
	CAUSES OF DEATH						
	Primary		Marasmus		How long		2 mos.
Immediate		—		How long		—	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. W. Under	
Accident or Suicide?		—		Address		Dante Quarter, Somerset Co., Md.	



Name
in
Full

William E. Garr.

CERTIFICATE OF DEATH

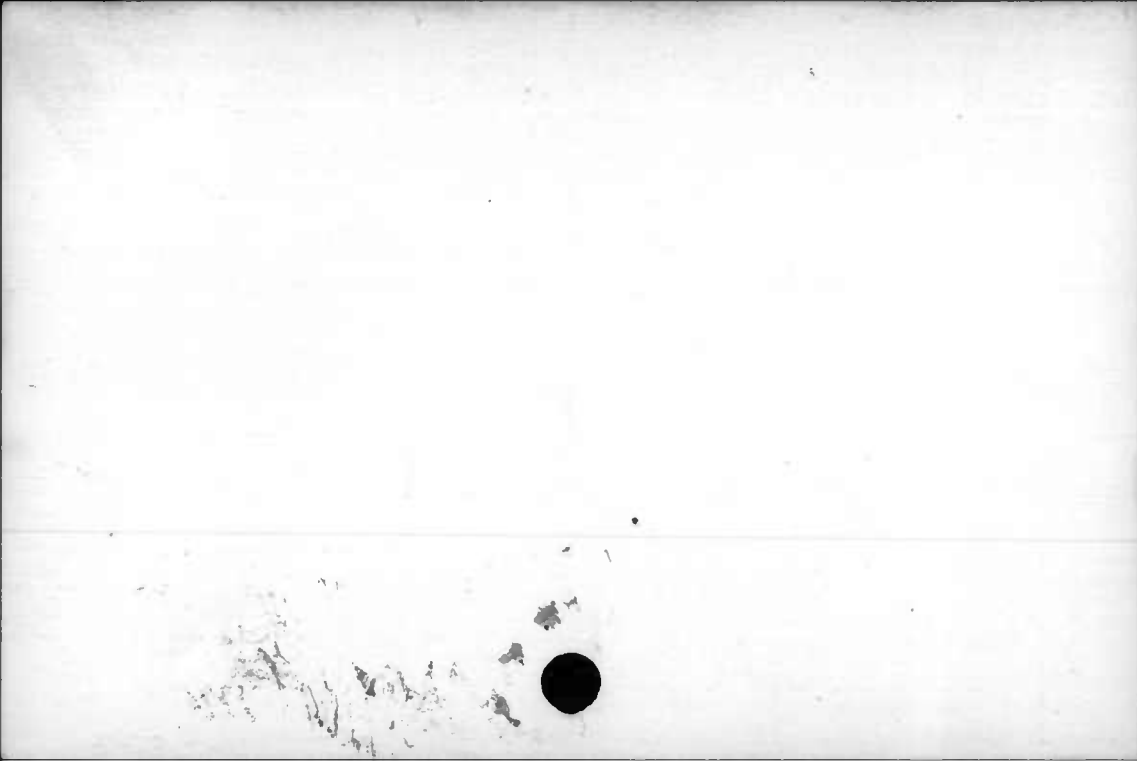
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Marion</i>		County <i>Somerset</i>		MARYLAND	
Date of death		1903	Month <i>Aug</i>	Day <i>16</i>	Age <i>66</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place			
Occupation <i>Black Smith</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>+</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving In formation		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Myocarditis</i>	How long	<i>1</i>
Immediate	<i>Empyema, Tubercular</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>W. F. Hall</i>	
Address		<i>Leicesterfield Md</i>	
Accident or Suicide?			



Name
in
Full

Evelyn Joye

CERTIFICATE OF DEATH

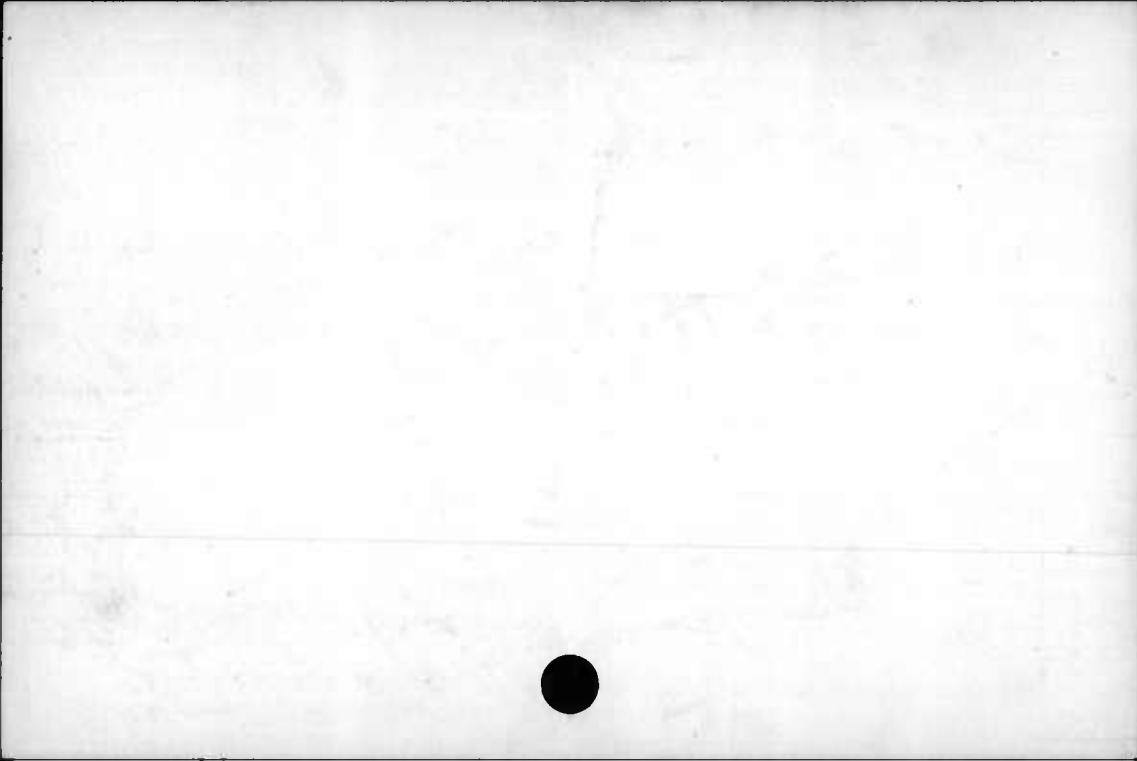
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Farmington</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>15</i>	Age <i>20</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Farmington</i>		
Occupation <i>domestic</i>			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Thomas Joye</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Laura Rachel Hall</i>			Mother's Birthplace <i>Nd Farmington</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>5 mo.</i>
<input checked="" type="checkbox"/> Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. E. Maloney M.D.</i>
	Address <i>Upper Farmington Md.</i>
Accident or Suicide?	



Name
in
Full

L. S. Waller

CERTIFICATE OF DEATH

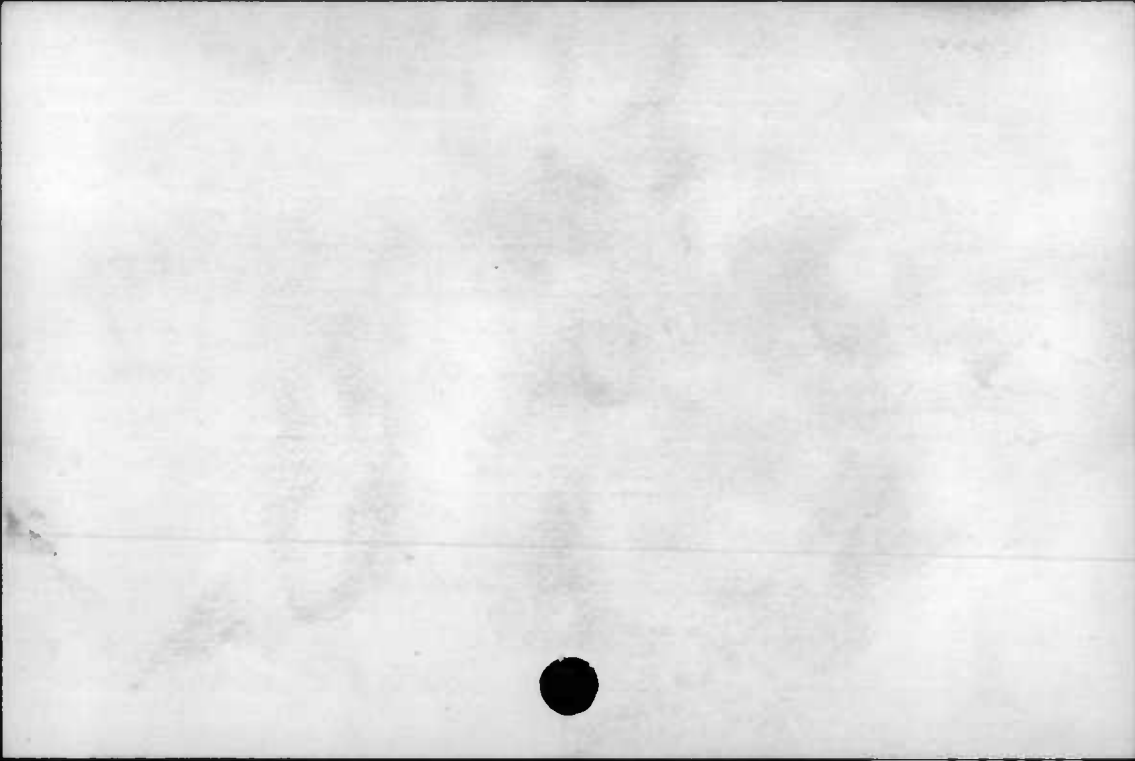
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Aug.	24th	Age 25	2	24	
Sex	Male	Color or Race	White	Birth-place	Somerset Co.		
Occupation	Oyster man	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Isaac H. Waller				Father's Birthplace	Salisbury, Md.	
Mother's Maiden Name	Susan A. Arnold				Mother's Birthplace	Va.	
Name of person giving information	Susan A. Waller				How related to deceased	Mother	

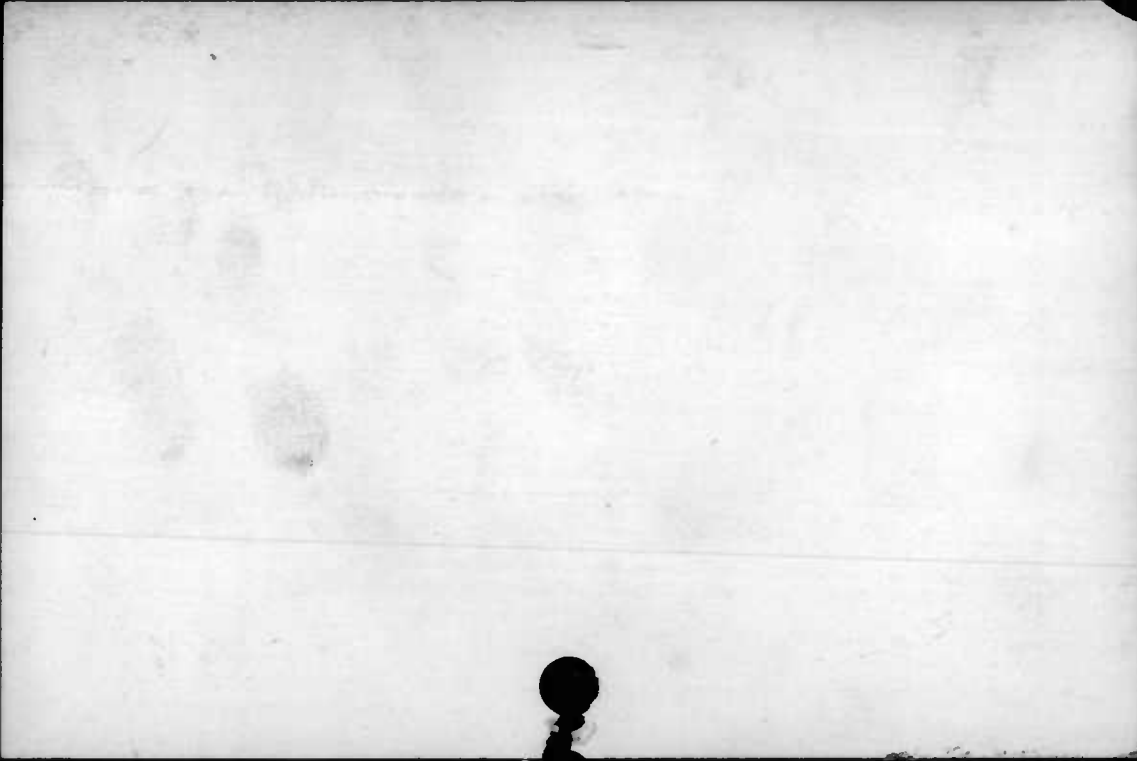
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	10 mos.
Immediate	Asthma	How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. S. Windsor, M.D.
	NO	Address	Daguer Quarter, Somerset Co., Md.
Accident or Suicide?	NO		



Name in Full		Henry S. Windsor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Deals ^{Town} Island		Somerset ^{County}		MARYLAND	
	Date of death	1905	Aug	8 th	Age	52	Months — Days —
	Sex	Male		Color or Race	White		
	Occupation	Waterman			Where Residing if not at place of death	Deals Island Md	
	Married, Single or Widowed	Married		Name of Wife or Husband	Beattie M. Webster		
	Father's Name	John H. Windsor			Father's Birthplace	Deals Island	
	Mother's Maiden Name	Mary Ellen Jones			Mother's Birthplace	Virginia	
Name of person giving information	Mrs Amanda J. Farmer			How related to deceased	None		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid (Perfor. Periton.)			How long	5 weeks	
	Immediate	Anemia			How long	One week	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. G. Alexander		
	Yes			Address	Deals Island Md		
Accident or Suicide?							



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	

